

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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021567      7590      07/21/2006  
**WELLS ST. JOHN P.S.**  
601 W. FIRST AVENUE, SUITE 1300  
SPOKANE, WA 99201



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I hereby certify that the Issue Fee is being hand-delivered to the Issue Fee Branch, Commissioner for Patents, Alexandria, VA 22313, on the date indicated below.

Sunny Downs	(Depositor's name)
<i>Sunny Dan</i>	(Signature)
8-28-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/556,491	04/21/2000	Scott E. Moore	MI22-1422	6392

TITLE OF INVENTION: SEMICONDUCTOR WORKPIECE PROCESSING METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	10/23/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMAS, DAVID B	3723	451-041000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Wells St. John, P.S.  2 _____  3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boise, Idaho

1400.00 OP  
15.00 OP

(A) NAME OF ASSIGNEE

**Micron Technology, Inc!**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 5

- A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge overpayment, to Deposit Account Number 23-0925 any deficiency, or credit any overpayment, to Deposit Account Number 23-0925 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature James D. Shaurette

Date 8/24/06

Typed or printed name James D. Shaurette

Registration No. 39,833

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